

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ruthie Schlabach  
 Name  
 (2) 2181 W Norvell Bryant Hwy  
 Address (number and street)  
Lecanto, Fl 34461  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1186725]

Submitted on:  
 4/8/2019 17:01:23 (eastern)

Check here if address has changed

(3) ID Number: 437

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner District 3
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 3 / 1 / 2019 To 3 / 31 / 2019 Report Type: M3

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,   2   ,  300  .  00 

Loans \$      ,      ,   0   .  00 

Total Monetary \$      ,   2   ,  300  .  00 

In-Kind \$      ,      ,   0   .  00 

### (7) Expenditures This Report

Monetary Expenditures \$      ,      ,   0   .  00 

Transfers to Office Account \$      ,      ,   0   .  00 

Total Monetary \$      ,      ,   0   .  00 

### (8) Other Distributions

\$      ,      ,   0   .  00 

### (9) TOTAL Monetary Contributions To Date

\$      ,   2   ,  300  .  00 

### (10) TOTAL Monetary Expenditures To Date

\$      ,      ,   0   .  00 

### (11) Certification

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete:

(Type name) \_\_\_\_\_  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Ruthie Schlabach (2) I.D. Number 437  
 (3) Cover Period 3/1/2019 through 3/31/2019 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number						
3/7/2019 / /	Lamb, Jewel P. O. Box 489 Crystal River, FL 34423	I business owner	CH			\$1,000.00
1						
3/7/2019 / /	Lamb, Steven P. O. Box 489 Crystal River, FL 34423	I business owner	CH			\$1,000.00
2						
3/11/2019 / /	Cruz, Priscilla 1295 W. Skyview Crossing Drive Hernando, FL 34442	I retired	CH			\$300.00
3						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ruthie Schlabach

(2) I.D. Number 437

(3) Cover Period 3/1/2019 through 3/31/2019

(4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
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